10-049, MUCHANIE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO \$75) · CLAIMS APPER and AMENDMENT AS FILED · DED. DEP. MID. DEP. 3. 6. B б 7. 87 · . 8-• 63. 67 · .) . 20 : * 75. 28. . 30 \$0 धः • 63 · .37 #8 a ٥Ţ IDO CONTRACTOR STATEMENT OF COMPLETE CO.